

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006701

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No. 1159

1159

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1648 Madison</u>		d. STREET ADDRESS (If outside, give location) <u>1648 Madison</u>	

3. NAME OF DECEASED (Type or print) <u>AGATHA G. KELLEY</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-13-1888</u>
9. AGE (last birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>3</u> Hours <u>0</u> Min. <u>0</u>	

11. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>		12. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
13. BIRTHPLACE (City and state or country) <u>Penna.</u>		14. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

15. FATHER'S NAME <u>Garnes McHenry</u>		16. MOTHER'S MAIDEN NAME <u>Amanda Wolberg</u>	
17. NAME OF HUSBAND OR WIFE <u>William M. Kelley</u>		18. ADDRESS <u>A.C. Mo.</u>	

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		20. SOCIAL SECURITY NO. <u>-</u>	
21. INFORMANT <u>Harry Buford</u>		22. ADDRESS <u>A.C. Mo.</u>	

23. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>Senility</u>		24. INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>	
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25. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		26. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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27. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		28. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
29. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		30. TIME OF INJURY Hour <u>7:00</u> a.m. <u>0</u> p.m. <u>0</u>	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
33. CITY, TOWN, OR LOCATION <u>Kansas City</u>		34. COUNTY <u>Jackson</u>	
35. STATE <u>Missouri</u>		36. DATE SIGNED <u>2-21-63</u>	

37. I attended the deceased from <u>12-5-62</u> to <u>2-20-63</u> and last saw her alive on <u>1-31-63</u>		38. Death occurred at <u>7:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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39. SIGNATURE (Degree or title) <u>John C. Taylor M.D.</u>		40. ADDRESS <u>4321 Main, K.C. Mo.</u>	
41. DATE SIGNED <u>2-21-63</u>		42. DATE SIGNED <u>2-21-63</u>	

43. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		44. DATE <u>2-23-63</u>	
45. NAME OF CEMETERY OR REPOSITORY <u>Chapel Hill Mem.</u>		46. LOCATION (City, town, or county) <u>B. C. Kans.</u>	

47. FUNERAL DIRECTOR <u>F.H. Rising - A.C. Mo.</u>		48. ADDRESS <u>2-21-63</u>	
49. DATE RECD. BY LOCAL REG. <u>2-21-63</u>		50. REGISTRAR'S SIGNATURE <u>Keith Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF John C. Taylor, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George A. Rising

Licensed Embalmer No. *4468*

P. O. Address *H. C. Hans*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.